Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the	
executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective	ctive
bargaining agreement for the term beginning 1/1/2016 thru 6/30/2020	

Employer: Township of Delanco

County: Burlington

Date: 6/26/2017

Name: Richard B. Schwab

Print Name

Title: Township Administrator

Richard B. Schwab Digitally signed by Flichard B. Schwab
Date: 2017.06.26 14.08:17-04/007

Signature

New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line i	7					
	SECTION I: Parties	and Term of Contr	acts			
1	Public Employer: Tov	wnship of Delanco		County: Burlington		
2	Employee Organizatio	CWA Local 103	36	Number of Employee	s in Unit:	
3	Base Year Contract Te	4/4/4 4 40/0	1/15	New Contract Term:	1/1/16 - 6/30/20	
	SECTION II: Type of					and the state of t
4		tled without neutral		omy one,		
_	ПТ					
5	Contract sett	led with assistance of	of mediator			
6	Contract sett	led with assistance of	of fact-find e r			
7	Contract sett	led with assistance o	of super-conciliator			
8	If contract was settled	d in fact-finding, did	the fact-finder issue	a report with recomr	nendations?	
	Yes No					
	SECTION III: Salary	Base				
	The salary base is the the parties negotiate			pired or expiring agre	eement. This is the b	pase cost from which
_		•	227,467			
9	Salary Costs in Base Yo	ear	<u> </u>			
10	Longevity Costs in Bas	se Year	\$ 6,727			
11	Total Salary Base		\$ 234,194			
	SECTION IV: Salary	Increases for Each	Year of New Agre	ement*		
4.0		Year 1	Year 2	Year 3	Year 4	Year 5
12	Effective Date (month/day/year)	1/1/16	7/1/17	7/1/18	7/1/19	
13	Cost of Salary Increments (\$)	0	3,598	3,682	3,764	
14	Salary Increase Above Increments (\$)	-35,418	3,788	3,775	3,764	
15	Longevity Increase (\$)	-2,443	135	56	57	
16	Total \$ Increase	-37,861	7,521	7,513	7,747	
17	(sum of lines 13-15) New Salary Base (\$)	196,333	203,854	211,367	219,114	
18	Percentage increase over prior year	-16.2 %	3.8 %	3.7 %	3.7 %	%
	*If contract duration i	s longer than five ye	ars, please add an ad	dditional page.		

Empl	oyer: Delanco Towns	hip	Emplo	yee Organization	CWA 1036		Page 2
_	SECTION V: Increa	ses in Other C				onomic Items*	
19	Item Description	Base Year Cost (\$)	<i>Year 1</i> Increase (\$)	<i>Year 2</i> Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	<i>Year 5</i> Increase (\$)
	Uniform allowance	2,000	-400	0	0	0	
	Cell phone stipend	0	0	1,768	0	0	
	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		<u> </u>				
						-0	
20	Totals(\$):	2,000	-400	1,768	0	0	
	*If contract duration	is longer than j	five years, please o	ıdd an additional	page.		
	SECTION VI: Medic	cal Costs	,				
				Base Yea			
21	Health Plan Cost			\$ 82,349			
22	Prescription Plan Cos	t		\$ 22,203	\$ 18,96	0	
23	Dental Plan Cost			\$ 4,558	\$ 3,840		
24	Vision Plan Cost			\$ 2,250	ş 1,800		

22 Prescription Plan Cost

23 Dental Plan Cost

24 Vision Plan Cost

25 Total Cost of Insurance

26 Employee Insurance Contributions

27 Employee Contributions as % of Total Insurance Cost

28 | 22,203 | \$ | 18,960 |

\$ | 4,558 | \$ | 3,840 |

\$ | 2,250 | \$ | 1,800 |

\$ | 111,360 | \$ | 97,784 |

\$ | 12,525 |

\$ | 12,525 |

\$ | 12.8 | %

Page 2 of 3 (complete all pages)

28	Identify any in	surance changes that were included in this CNA.
		mbursement increased from \$250 maximum per employee to \$450 maximum p
emp	loyee. This ad	Ided a maximum of \$800 to the contract for the 4 covered employees.
		
		Certification and Signature
9		Certification and Signature ed certifies that the foregoing figures are true:
9	The undersigne	ed certifies that the foregoing figures are true:
•	The undersigne	Richard B. Schwab
)	The undersigne	ed certifies that the foregoing figures are true:
)	The undersigne	Richard B. Schwab
)	The undersigne Print Name: Position/Title:	Richard B. Schwab Township Administrator
•	The undersigned Print Name: Position/Title: Signature:	Richard B. Schwab Township Administrator Aug 13 5 Aug 15
,	The undersigned Print Name: Position/Title: Signature:	Richard B. Schwab Township Administrator Aug 13 5 Aug 15

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016